

# Premiums

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# Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan <sup>3</sup>		BlueChoice HealthPlan <sup>3</sup>
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties  Coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46		\$126.62
	\$ 72.56		\$237.50		\$369.88
	\$ 20.28		\$142.46		\$272.18
	\$108.56		\$294.58		\$547.26
	Please note that premiums for optional employer groups, such as local				
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 <sup>4</sup>		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copayment \$15 OB/GYN well woman exam \$30 specialist copay
	No per-occurrence deductible or copayments				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency care: \$100 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the plan will reimburse 100% of the allowable charge.		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Copayment max: \$2,500 per person		Participating pharmacies only (31-day supply): \$8 generic, \$30 preferred brand, \$50 non-preferred brand, \$75 specialty pharmaceuticals Mail order (Up to 90-day supply):\$16 generic, \$60 preferred brand, \$100 non-preferred brand

<sup>1</sup>This table is for comparison purposes only.

<sup>2</sup>There is no copayment for services performed at MUSC outpatient facilities.

<sup>3</sup>Refer to the Retirees/Disability Retirees chapter in this guide for information on how this plan coordinates with Medicare.

<sup>4</sup>If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$6,000 annual family deductible is met.

# Benefits Offered for 2007<sup>1</sup>

CIGNA HMO <sup>3</sup>	MUSC Options <sup>3</sup>	Medicare Supplemental Plan <sup>3</sup>	
Available in all South Carolina counties, <b>except:</b> <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda counties</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester counties</i>	Same as Medicare  Available to retirees and covered dependents/survivors who are eligible for Medicare	
<b>\$124.10</b> <b>\$359.60</b> <b>\$263.74</b> <b>\$531.32</b>	<b>\$178.08</b> <b>\$468.36</b> <b>\$316.72</b> <b>\$594.26</b>	Refer to the premium tables on pages 200-202 for rates	
subdivisions, may vary. To verify your rates, contact your benefits office.			
NONE	In-network NONE	Out-of-network <b>\$500</b> <b>\$1,500</b>	Pays Medicare Part A and Part B deductibles
HMO pays 80% after copays You pay 20%	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%	Pays Part B coinsurance of 20%
<b>\$2,000</b> <b>\$4,000</b> (includes inpatient, outpatient, copays and coinsurance)	N/A	<b>\$3,000</b> <b>\$9,000</b> (excludes deductible)	None
<b>\$20</b> PCP copayment <b>\$40</b> OB/GYN exam <b>\$40</b> specialist copay	<b>\$25</b> personal physician copay; <b>\$25</b> OB/GYN well woman exam; <b>\$55</b> specialist copay	HMO pays 60% of allowance after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
Inpatient: <b>\$500</b> copay per admission. Then HMO pays 80% after copays Outpatient facility: <b>\$250</b> copay per admission. Then HMO pays 80% after copays, Emergency care: <b>\$100</b> copay. Then HMO pays 100%	Inpatient: <b>\$300</b> copay Outpatient facility: <b>\$100</b> <sup>2</sup> copay Emergency Care: <b>\$150</b> copay; Urgent care: <b>\$50</b> copay	HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: <b>\$150</b> copay	<b>For inpatient hospital stays</b> , the Plan pays: Medicare deductible; coinsurance for days 61-90; coinsurance for days 91-150; 100% beyond 150 days (Medi-Call approval required)  <b>For skilled nursing facility care</b> , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to <b>\$6,000</b> per year.
Participating pharmacies only (up to 30-day supply): <b>\$7</b> generic, <b>\$25</b> preferred brand, <b>\$50</b> non-preferred brand Mail order (up to 90-day supply): <b>\$14</b> generic, <b>\$50</b> preferred brand, <b>\$100</b> non-preferred brand	Participating pharmacies only <b>\$100</b> per person deductible, then: (up to 30-day supply): <b>\$10</b> generic, <b>\$30</b> preferred brand, <b>\$50</b> non-preferred brand, <b>\$100</b> specialty pharmaceuticals Mail order (up to 90-day supply): <b>\$25</b> generic, <b>\$75</b> preferred brand, <b>\$125</b> non-preferred brand, <b>\$250</b> specialty pharmaceuticals	Participating pharmacies only (up to 31-day supply): <b>\$10</b> generic, <b>\$25</b> preferred brand, <b>\$40</b> non-preferred brand Mail order (up to 90-day supply): <b>\$25</b> generic, <b>\$62</b> preferred brand, <b>\$100</b> non-preferred brand; Copayment max: <b>\$2,500</b>	

## 2007 ACTIVE EMPLOYEE AND FUNDED RETIREE HEALTH, DENTAL AND DENTAL PLUS RATES

2007 Active Employee Monthly Premiums <sup>1</sup>								
<i>State Health Plan</i>								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Employee	\$ 9.28	\$ 93.46	\$126.62	\$124.10	\$178.08	\$0.00	\$ 0.00	\$18.52
Employee/spouse	\$ 72.56	\$237.50	\$369.88	\$359.60	\$468.36	\$0.00	\$ 7.64	\$35.06
Employee/children	\$ 20.28	\$142.46	\$272.18	\$263.74	\$316.72	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$547.26	\$531.32	\$594.26	\$0.00	\$21.34	\$54.80

<sup>1</sup>Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

2007 Regular Retiree (State-funded Benefits) Monthly Premiums <sup>1</sup>									
(Retiree eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$ 75.46	\$ 93.46	\$126.62	\$124.10	\$178.08	N/A	\$ 0.00	\$18.52
Retiree/spouse	N/A	\$201.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Retiree/children	N/A	\$124.46	\$142.46	\$272.18	\$263.74	\$316.72	N/A	\$13.72	\$38.26
Full family	N/A	\$258.58	\$294.58	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$219.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Full family	N/A	\$268.50	\$286.50	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Full family	\$108.56	\$268.50	\$286.50	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$ 9.28	\$ 93.46	N/A	\$126.62	\$124.10	\$178.08	\$0.00	\$ 0.00	\$18.52
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$369.88	\$359.60	\$468.36	\$0.00	\$ 7.64	\$35.06
Retiree/children	\$ 20.28	\$142.46	N/A	\$272.18	\$263.74	\$316.72	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	N/A	\$547.26	\$531.32	\$594.26	\$0.00	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare/one or more children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$272.18	\$263.74	\$316.72	N/A	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$312.58	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

## 2007 NON-FUNDED RETIREE AND COBRA

### HEALTH, DENTAL AND DENTAL PLUS RATES

#### 2007 Retiree Full Cost (Non-funded) Monthly Premiums<sup>1</sup>

(Retiree eligible for Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$314.10	\$332.10	\$ 365.26	\$ 362.74	\$ 416.72	N/A	\$11.71	\$18.52
Retiree/spouse	N/A	\$668.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Retiree/children	N/A	\$461.46	\$479.46	\$ 609.18	\$ 600.74	\$ 653.72	N/A	\$25.43	\$38.26
Full family	N/A	\$804.80	\$840.80	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$686.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Full family	N/A	\$814.72	\$832.72	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree **not** eligible to Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$540.02	\$686.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Full family	\$654.78	\$814.72	\$832.72	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$247.92	\$332.10	N/A	\$ 365.26	\$ 362.74	\$ 416.72	\$ 63.50	\$11.71	\$18.52
Retiree/spouse	\$540.02	\$704.96	N/A	\$ 837.34	\$ 827.06	\$ 935.82	\$122.50	\$19.35	\$35.06
Retiree/children	\$357.28	\$479.46	N/A	\$ 609.18	\$ 600.74	\$ 653.72	\$122.50	\$25.43	\$38.26
Full family	\$654.78	\$840.80	N/A	\$1,093.48	\$1,077.54	\$1,140.48	\$163.50	\$33.05	\$54.80

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$357.28	\$479.46	\$497.46	\$ 609.18	\$ 600.74	\$ 653.72	N/A	\$25.43	\$38.26
Full family	\$654.78	\$840.80	\$858.80	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

#### 2007 COBRA Monthly Premiums

##### 18 and 36 months

	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$252.88	\$338.74	\$ 372.58	\$ 370.00	\$425.06	N/A	\$11.94	\$18.89
Subscriber/spouse	\$550.82	\$719.06	\$ 854.10	\$ 843.60	\$954.54	N/A	\$19.74	\$35.76
Subscriber/children	\$364.44	\$489.06	\$ 621.36	\$ 612.76	\$666.80	N/A	\$25.94	\$39.02
Family	\$667.88	\$857.62	\$1,115.36	\$1,099.10	\$1,163.30	N/A	\$33.71	\$55.90
Children (to age 18)	\$111.56	\$150.32	\$ 248.80	\$ 242.76	\$241.74	N/A	\$13.99	\$20.14

**29 months** (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)

	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$371.88	\$ 498.16	\$ 547.90	\$ 544.12	\$ 625.08	N/A	\$11.94	\$18.89
Subscriber/spouse	\$810.04	\$1,057.44	\$1,256.02	\$1,240.60	\$1,403.74	N/A	\$19.74	\$35.76
Subscriber/children	\$535.92	\$ 719.20	\$ 913.78	\$ 901.12	\$ 980.58	N/A	\$25.94	\$39.02
Family	\$982.18	\$1,261.20	\$1,640.22	\$1,616.32	\$1,710.72	N/A	\$33.71	\$55.90
Children (to age 18)	\$164.04	\$ 221.04	\$ 365.88	\$ 357.00	\$ 355.50	N/A	\$13.99	\$20.14

## 2007 SURVIVOR HEALTH, DENTAL AND DENTAL PLUS RATES

<b>2007 Survivor Monthly Premiums<sup>1</sup></b>									
(Spouse eligible for Medicare/children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRI-CARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$314.10	\$332.10	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$461.46	\$497.46	\$609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	N/A	\$147.36	\$165.36 <sup>3</sup>	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74
(Spouse eligible for Medicare/children <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRI-CARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$314.10	\$332.10	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$461.46	\$479.46	\$609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	\$109.36	\$147.36	N/A	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74
(Spouse <b>not</b> eligible for Medicare/children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRI-CARE	DENTAL	DENTAL PLUS
Spouse	\$247.92	\$332.10	N/A	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	\$357.28	\$479.46	\$497.46 <sup>3</sup>	609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	N/A	\$147.36	\$165.36 <sup>3</sup>	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74
(Spouse <b>not</b> eligible for Medicare/children <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRI-CARE	DENTAL	DENTAL PLUS
Spouse	\$247.92	\$332.10	N/A	\$365.26	\$362.74	\$416.72	\$ 63.50	\$11.71	\$18.52
Spouse/children	\$357.28	\$479.46	N/A	\$609.18	\$600.74	\$653.72	\$122.50	\$25.43	\$38.26
Children only	\$109.36	\$147.36	N/A	\$243.92	\$238.00	\$237.00	\$ 63.50	\$13.72	\$19.74

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

<sup>3</sup>This premium applies only if one or more children are eligible for Medicare.



## 2007 MONTHLY INSURANCE RATES

### FOR PART-TIME TEACHERS

#### HEALTH

Category I. 15-19 Hours								
COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$128.60	\$212.78	\$245.94	\$243.42	\$297.40	\$119.32	\$0.00	\$ 63.50
Employee/spouse	\$306.30	\$471.24	\$603.62	\$593.34	\$702.10	\$233.74	\$0.00	\$122.50
Employee/children	\$188.78	\$310.96	\$440.68	\$432.24	\$485.22	\$168.50	\$0.00	\$122.50
Full family	\$381.68	\$567.70	\$820.38	\$804.44	\$867.38	\$273.12	\$0.00	\$163.50

Category II. 20-24 Hours								
COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$ 88.04	\$172.22	\$205.38	\$202.86	\$256.84	\$159.90	\$0.00	\$ 63.50
Employee/spouse	\$226.82	\$391.76	\$524.14	\$513.86	\$622.62	\$313.20	\$0.00	\$122.50
Employee/children	\$131.50	\$253.68	\$383.40	\$374.96	\$427.94	\$225.80	\$0.00	\$122.50
Full family	\$288.82	\$474.84	\$727.52	\$711.58	\$774.52	\$365.98	\$0.00	\$163.50

Category III. 25-29 Hours								
COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$ 49.86	\$134.04	\$167.20	\$164.68	\$218.66	\$198.08	\$0.00	\$ 63.50
Employee/spouse	\$152.04	\$316.98	\$449.36	\$439.08	\$547.84	\$388.00	\$0.00	\$122.50
Employee/children	\$ 77.58	\$199.76	\$329.48	\$321.04	\$374.02	\$279.72	\$0.00	\$122.50
Full family	\$201.42	\$387.44	\$640.12	\$624.18	\$687.12	\$453.36	\$0.00	\$163.50

#### DENTAL

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS
Employee	\$ 5.86	\$5.85	\$18.52	\$ 3.86	\$7.85	\$18.52	\$ 2.00	\$9.71	\$18.52
Employee/spouse	\$13.50	\$5.85	\$35.06	\$ 11.50	\$7.85	\$35.06	\$ 9.64	\$9.71	\$35.06
Employee/children	\$19.58	\$5.85	\$38.26	\$17.58	\$7.85	\$38.26	\$15.72	\$9.71	\$38.26
Full family	\$27.20	\$5.85	\$54.80	\$25.20	\$7.85	\$54.80	\$23.34	\$9.71	\$54.80

# Long Term Care Monthly Premiums\*

## OPTION 1 (DISABILITY)

2007 LONG TERM CARE RATES*							
OPTION 1 (Disability)							
Return of Contribution Excluded				Return of Contribution Included**			
AGE	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.20	60	6.64	20	0.22	60	7.20
21	0.24	61	7.18	21	0.24	61	7.72
22	0.26	62	7.76	22	0.26	62	8.28
23	0.28	63	8.38	23	0.28	63	8.90
24	0.30	64	9.08	24	0.32	64	9.56
25	0.34	65	9.84	25	0.36	65	10.26
26	0.38	66	10.66	26	0.40	66	11.16
27	0.40	67	11.54	27	0.42	67	12.16
28	0.44	68	12.52	28	0.46	68	13.28
29	0.48	69	13.56	29	0.52	69	14.48
30	0.54	70	14.72	30	0.56	70	15.84
31	0.58	71	15.98	31	0.62	71	17.34
32	0.62	72	17.32	32	0.68	72	19.00
33	0.70	73	18.80	33	0.74	73	20.82
34	0.76	74	20.38	34	0.82	74	22.88
35	0.82	75	22.16	35	0.90	75	25.14
36	0.90	76	24.08	36	0.98	76	27.68
37	0.98	77	26.12	37	1.08	77	30.46
38	1.08	78	28.30	38	1.18	78	33.50
39	1.18	79	30.44	39	1.30	79	36.60
40	1.30	80	32.52	40	1.42	80	39.76
41	1.40	81	34.44	41	1.56	81	42.84
42	1.54	82	36.14	42	1.72	82	45.82
43	1.68	83	37.60	43	1.88	83	48.60
44	1.84	84	38.92	44	2.06	84	51.30
45	2.00	85	40.12	45	2.24	85	53.92
46	2.18	86	41.20	46	2.44	86	56.46
47	2.36	87	42.18	47	2.64	87	58.92
48	2.56	88	43.02	48	2.88	88	61.32
49	2.78	89	43.84	49	3.10	89	63.80
50	3.02	90+	44.66	50	3.36	90+	66.46
51	3.24			51	3.66		
52	3.52			52	3.94		
53	3.82			53	4.26		
54	4.14			54	4.62		
55	4.48			55	4.98		
56	4.84			56	5.38		
57	5.26			57	5.80		
58	5.68			58	6.24		
59	6.14			59	6.70		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*For more information on Return of Contribution, please see page 138.

# Long Term Care Monthly Premiums\*

## OPTION 2 (SERVICE REIMBURSEMENT)\*\*

2007 LONG TERM CARE RATES*							
OPTION 2 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contribution Included***			
	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.28	60	5.02	20	0.28	60	5.14
21	0.28	61	5.52	21	0.30	61	5.66
22	0.30	62	6.06	22	0.32	62	6.22
23	0.34	63	6.70	23	0.34	63	6.86
24	0.36	64	7.40	24	0.36	64	7.54
25	0.38	65	8.06	25	0.38	65	8.22
26	0.40	66	8.90	26	0.42	66	9.10
27	0.44	67	9.90	27	0.46	67	10.16
28	0.48	68	10.70	28	0.50	68	11.00
29	0.54	69	11.60	29	0.56	69	11.96
30	0.58	70	12.62	30	0.58	70	13.04
31	0.62	71	13.76	31	0.64	71	14.28
32	0.68	72	15.04	32	0.70	72	15.68
33	0.72	73	16.44	33	0.74	73	17.26
34	0.78	74	18.02	34	0.80	74	19.06
35	0.84	75	19.78	35	0.88	75	21.08
36	0.90	76	21.74	36	0.92	76	23.38
37	0.98	77	23.94	37	1.00	77	26.04
38	1.04	78	26.34	38	1.06	78	29.00
39	1.10	79	28.92	39	1.14	79	32.26
40	1.18	80	31.48	40	1.20	80	35.62
41	1.24	81	33.80	41	1.28	81	38.80
42	1.32	82	36.02	42	1.36	82	42.00
43	1.40	83	38.44	43	1.46	83	45.60
44	1.48	84	40.60	44	1.54	84	49.14
45	1.58	85	42.46	45	1.66	85	52.48
46	1.68	86	44.54	46	1.74	86	56.34
47	1.78	87	46.30	47	1.84	87	60.02
48	1.90	88	47.74	48	1.98	88	63.56
49	2.04	89	48.94	49	2.12	89	66.96
50	2.16	90+	49.70	50	2.26	90+	69.80
51	2.32			51	2.40		
52	2.46			52	2.58		
53	2.70			53	2.80		
54	2.94			54	3.04		
55	3.20			55	3.30		
56	3.48			56	3.62		
57	3.82			57	3.94		
58	4.16			58	4.32		
59	4.58			59	4.72		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 50 percent home health care benefit payout.

\*\*\*For more information on Return of Contribution, please see page 138.

# Long Term Care Monthly Premiums\*

## OPTION 3 (SERVICE REIMBURSEMENT)\*\*

2007 LONG TERM CARE RATES*							
OPTION 3 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contribution Included***			
	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.42	60	6.90	20	0.42	60	7.06
21	0.44	61	7.56	21	0.44	61	7.76
22	0.46	62	8.32	22	0.46	62	8.48
23	0.48	63	9.18	23	0.50	63	9.34
24	0.52	64	10.14	24	0.52	64	10.30
25	0.56	65	11.00	25	0.58	65	11.18
26	0.60	66	12.14	26	0.62	66	12.36
27	0.66	67	13.48	27	0.68	67	13.76
28	0.72	68	14.58	28	0.72	68	14.90
29	0.78	69	15.78	29	0.80	69	16.20
30	0.84	70	17.14	30	0.86	70	17.62
31	0.90	71	18.66	31	0.92	71	19.26
32	0.98	72	20.34	32	1.00	72	21.08
33	1.06	73	22.20	33	1.10	73	23.16
34	1.14	74	24.30	34	1.18	74	25.50
35	1.24	75	26.56	35	1.28	75	28.14
36	1.32	76	29.18	36	1.36	76	31.18
37	1.40	77	32.06	37	1.44	77	34.62
38	1.48	78	35.20	38	1.54	78	38.48
39	1.60	79	38.56	39	1.66	79	42.70
40	1.70	80	41.88	40	1.76	80	47.04
41	1.82	81	44.92	41	1.88	81	51.18
42	1.92	82	47.84	42	1.98	82	55.34
43	2.04	83	50.94	43	2.10	83	59.98
44	2.14	84	53.70	44	2.22	84	64.42
45	2.28	85	55.90	45	2.34	85	68.50
46	2.40	86	58.56	46	2.48	86	73.40
47	2.54	87	60.78	47	2.62	87	78.10
48	2.70	88	62.62	48	2.80	88	82.62
49	2.90	89	64.22	49	2.98	89	87.00
50	3.08	90+	65.14	50	3.18	90+	90.64
51	3.26			51	3.38		
52	3.48			52	3.60		
53	3.80			53	3.92		
54	4.10			54	4.24		
55	4.46			55	4.62		
56	4.86			56	5.02		
57	5.30			57	5.46		
58	5.78			58	5.94		
59	6.32			59	6.48		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 100 percent home health care benefit payout.

\*\*\*For more information on Return of Contribution, please see page 138.

# Optional Life, Dependent Life/ Spouse Monthly Premiums

Please note: These schedules are for active employees. Retiree insurance coverage ends at age 70.

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life/Spouse coverage are the same as the Optional Life premiums, which are based on the **employee's** age.

## Monthly Rates for Employees through Age 69

Coverage	Employee's Age*							
	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
<b>\$10,000</b>	\$0.68	\$0.80	\$1.26	\$1.76	\$2.74	\$4.28	\$6.56	\$9.78
<b>\$20,000</b>	\$1.36	\$1.60	\$2.52	\$3.52	\$5.48	\$8.56	\$13.12	\$19.56
<b>\$30,000</b>	\$2.04	\$2.40	\$3.78	\$5.28	\$8.22	\$12.84	\$19.68	\$29.34
<b>\$40,000</b>	\$2.72	\$3.20	\$5.04	\$7.04	\$10.96	\$17.12	\$26.24	\$39.12
<b>\$50,000</b>	\$3.40	\$4.00	\$6.30	\$8.80	\$13.70	\$21.40	\$32.80	\$48.90
<b>\$60,000</b>	\$4.08	\$4.80	\$7.56	\$10.56	\$16.44	\$25.68	\$39.36	\$58.68
<b>\$70,000</b>	\$4.76	\$5.60	\$8.82	\$12.32	\$19.18	\$29.96	\$45.92	\$68.46
<b>\$80,000</b>	\$5.44	\$6.40	\$10.08	\$14.08	\$21.92	\$34.24	\$52.48	\$78.24
<b>\$90,000</b>	\$6.12	\$7.20	\$11.34	\$15.84	\$24.66	\$38.52	\$59.04	\$88.02
<b>\$100,000</b>	\$6.80	\$8.00	\$12.60	\$17.60	\$27.40	\$42.80	\$65.60	\$97.80
<b>\$110,000</b>	\$7.48	\$8.80	\$13.86	\$19.36	\$30.14	\$47.08	\$72.16	\$107.58
<b>\$120,000</b>	\$8.16	\$9.60	\$15.12	\$21.12	\$32.88	\$51.36	\$78.72	\$117.36
<b>\$130,000</b>	\$8.84	\$10.40	\$16.38	\$22.88	\$35.62	\$55.64	\$85.28	\$127.14
<b>\$140,000</b>	\$9.52	\$11.20	\$17.64	\$24.64	\$38.36	\$59.92	\$91.84	\$136.92
<b>\$150,000</b>	\$10.20	\$12.00	\$18.90	\$26.40	\$41.10	\$64.20	\$98.40	\$146.70
<b>\$160,000</b>	\$10.88	\$12.80	\$20.16	\$28.16	\$43.84	\$68.48	\$104.96	\$156.48
<b>\$170,000</b>	\$11.56	\$13.60	\$21.42	\$29.92	\$46.58	\$72.76	\$111.52	\$166.26
<b>\$180,000</b>	\$12.24	\$14.40	\$22.68	\$31.68	\$49.32	\$77.04	\$118.08	\$176.04
<b>\$190,000</b>	\$12.92	\$15.20	\$23.94	\$33.44	\$52.06	\$81.32	\$124.64	\$185.82
<b>\$200,000</b>	\$13.60	\$16.00	\$25.20	\$35.20	\$54.80	\$85.60	\$131.20	\$195.60
<b>\$210,000</b>	\$14.28	\$16.80	\$26.46	\$36.96	\$57.54	\$89.88	\$137.76	\$205.38
<b>\$220,000</b>	\$14.96	\$17.60	\$27.72	\$38.72	\$60.28	\$94.16	\$144.32	\$215.16
<b>\$230,000</b>	\$15.64	\$18.40	\$28.98	\$40.48	\$63.02	\$98.44	\$150.88	\$224.94
<b>\$240,000</b>	\$16.32	\$19.20	\$30.24	\$42.24	\$65.76	\$102.72	\$157.44	\$234.72
<b>\$250,000</b>	\$17.00	\$20.00	\$31.50	\$44.00	\$68.50	\$107.00	\$164.00	\$244.50
<b>\$260,000</b>	\$17.68	\$20.80	\$32.76	\$45.76	\$71.24	\$111.28	\$170.56	\$254.28
<b>\$270,000</b>	\$18.36	\$21.60	\$34.02	\$47.52	\$73.98	\$115.56	\$177.12	\$264.06
<b>\$280,000</b>	\$19.04	\$22.40	\$35.28	\$49.28	\$76.72	\$119.84	\$183.68	\$273.84
<b>\$290,000</b>	\$19.72	\$23.20	\$36.54	\$51.04	\$79.46	\$124.12	\$190.24	\$283.62

Employee's Age*								
Employee Age:	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$300,000	\$20.40	\$24.00	\$37.80	\$52.80	\$82.20	\$128.40	\$196.80	\$293.40
\$310,000	\$21.08	\$24.80	\$39.06	\$54.56	\$84.94	\$132.68	\$203.36	\$303.18
\$320,000	\$21.76	\$25.60	\$40.32	\$56.32	\$87.68	\$136.96	\$209.92	\$312.96
\$330,000	\$22.44	\$26.40	\$41.58	\$58.08	\$90.42	\$141.24	\$216.48	\$322.74
\$340,000	\$23.12	\$27.20	\$42.84	\$59.84	\$93.16	\$145.52	\$223.04	\$332.52
\$350,000	\$23.80	\$28.00	\$44.10	\$61.60	\$95.90	\$149.80	\$229.60	\$342.30
\$360,000	\$24.48	\$28.80	\$45.36	\$63.36	\$98.64	\$154.08	\$236.16	\$352.08
\$370,000	\$25.16	\$29.60	\$46.62	\$65.12	\$101.38	\$158.36	\$242.72	\$361.86
\$380,000	\$25.84	\$30.40	\$47.88	\$66.88	\$104.12	\$162.64	\$249.28	\$371.64
\$390,000	\$26.52	\$31.20	\$49.14	\$68.64	\$106.86	\$166.92	\$255.84	\$381.42
\$400,000	\$27.20	\$32.00	\$50.40	\$70.40	\$109.60	\$171.20	\$262.40	\$391.20
\$410,000	\$27.88	\$32.80	\$51.66	\$72.16	\$112.34	\$175.48	\$268.96	\$400.98
\$420,000	\$28.56	\$33.60	\$52.92	\$73.92	\$115.08	\$179.76	\$275.52	\$410.76
\$430,000	\$29.24	\$34.40	\$54.18	\$75.68	\$117.82	\$184.04	\$282.08	\$420.54
\$440,000	\$29.92	\$35.20	\$55.44	\$77.44	\$120.56	\$188.32	\$288.64	\$430.32
\$450,000	\$30.60	\$36.00	\$56.70	\$79.20	\$123.30	\$192.60	\$295.20	\$440.10
\$460,000	\$31.28	\$36.80	\$57.96	\$80.96	\$126.04	\$196.88	\$301.76	\$449.88
\$470,000	\$31.96	\$37.60	\$59.22	\$82.72	\$128.78	\$201.16	\$308.32	\$459.66
\$480,000	\$32.64	\$38.40	\$60.48	\$84.48	\$131.52	\$205.44	\$314.88	\$469.44
\$490,000	\$33.32	\$39.20	\$61.74	\$86.24	\$134.26	\$209.72	\$321.44	\$479.22
\$500,000	\$34.00	\$40.00	\$63.00	\$88.00	\$137.00	\$214.00	\$328.00	\$489.00

\*Premiums for the spouse's coverage will be based on the employee's age. Spouse coverage cannot exceed 50% of the employee's Optional Life coverage or \$100,000, whichever is less.

**Monthly Rates for Employees Age 70 and Older**

Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
\$10,000	\$6,500	\$10.28	\$4,200	\$10.80	\$3,170	\$13.62
\$20,000	\$13,000	\$20.54	\$8,400	\$21.60	\$6,340	\$27.26
\$30,000	\$19,500	\$30.80	\$12,600	\$32.40	\$9,510	\$40.90
\$40,000	\$26,000	\$41.08	\$16,800	\$43.20	\$12,680	\$54.52
\$50,000	\$32,500	\$51.36	\$21,000	\$54.00	\$15,850	\$68.16
\$60,000	\$39,000	\$61.62	\$25,200	\$64.80	\$19,020	\$81.80
\$70,000	\$45,500	\$71.90	\$29,400	\$75.62	\$22,190	\$95.42
\$80,000	\$52,000	\$82.16	\$33,600	\$86.42	\$25,360	\$109.06
\$90,000	\$58,500	\$92.42	\$37,800	\$97.22	\$28,530	\$122.68
\$100,000	\$65,000	\$102.70	\$42,000	\$108.02	\$31,700	\$136.30
\$110,000	\$71,500	\$112.98	\$46,200	\$118.80	\$34,870	\$149.94
\$120,000	\$78,000	\$123.24	\$50,400	\$129.62	\$38,040	\$163.58
\$130,000	\$84,500	\$133.50	\$54,600	\$140.42	\$41,210	\$177.20
\$140,000	\$91,000	\$143.78	\$58,800	\$151.22	\$44,380	\$190.82
\$150,000	\$97,500	\$154.10	\$63,000	\$162.04	\$47,550	\$204.48
\$160,000	\$104,000	\$164.32	\$67,200	\$172.84	\$50,720	\$218.10
\$170,000	\$110,500	\$174.60	\$71,400	\$183.64	\$53,890	\$231.72
\$180,000	\$117,000	\$184.86	\$75,600	\$194.44	\$57,060	\$245.36
\$190,000	\$123,500	\$195.12	\$79,800	\$205.26	\$60,230	\$259.00
\$200,000	\$130,000	\$205.40	\$84,000	\$216.06	\$63,400	\$272.62
\$210,000	\$136,500	\$215.68	\$88,200	\$226.86	\$66,570	\$286.26
\$220,000	\$143,000	\$225.94	\$92,400	\$237.66	\$69,740	\$299.88
\$230,000	\$149,500	\$236.20	\$96,600	\$248.46	\$72,910	\$313.50
\$240,000	\$156,000	\$246.48	\$100,800	\$259.26	\$76,080	\$327.14
\$250,000	\$162,500	\$256.76	\$105,000	\$270.06	\$79,250	\$340.78
\$260,000	\$169,000	\$267.16	\$109,200	\$280.86	\$82,420	\$354.40
\$270,000	\$175,500	\$277.30	\$113,400	\$291.66	\$85,590	\$368.04
\$280,000	\$182,000	\$287.56	\$117,600	\$302.48	\$88,760	\$381.68
\$290,000	\$188,500	\$297.82	\$121,800	\$313.28	\$91,930	\$395.30
\$300,000	\$195,000	\$308.10	\$126,000	\$324.08	\$95,100	\$408.92
\$310,000	\$201,500	\$318.36	\$130,200	\$334.88	\$98,270	\$422.56
\$320,000	\$208,000	\$328.64	\$134,400	\$345.68	\$101,440	\$436.20
\$330,000	\$214,500	\$338.90	\$138,600	\$356.48	\$104,610	\$449.82
\$340,000	\$221,000	\$349.18	\$142,800	\$367.28	\$107,780	\$463.46
\$350,000	\$227,500	\$359.46	\$147,000	\$378.08	\$110,950	\$477.10
\$360,000	\$234,000	\$369.72	\$151,200	\$388.90	\$114,120	\$490.72
\$370,000	\$240,500	\$380.00	\$155,400	\$399.70	\$117,290	\$504.36
\$380,000	\$247,000	\$390.26	\$159,600	\$410.50	\$120,460	\$517.98
\$390,000	\$253,500	\$400.54	\$163,800	\$421.30	\$123,630	\$531.60
\$400,000	\$260,000	\$410.80	\$168,000	\$432.10	\$126,800	\$545.24
\$410,000	\$266,500	\$421.08	\$172,200	\$442.90	\$129,970	\$558.88
\$420,000	\$273,000	\$431.34	\$176,400	\$453.70	\$133,140	\$572.50
\$430,000	\$279,500	\$441.60	\$180,600	\$464.50	\$136,310	\$586.12
\$440,000	\$286,000	\$451.88	\$184,800	\$475.30	\$139,480	\$599.76



Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
<b>\$450,000</b>	<b>\$292,500</b>	\$462.16	<b>\$189,000</b>	\$486.10	<b>\$142,650</b>	\$613.40
<b>\$460,000</b>	<b>\$299,000</b>	\$472.42	<b>\$193,200</b>	\$496.90	<b>\$145,820</b>	\$627.02
<b>\$470,000</b>	<b>\$305,500</b>	\$482.70	<b>\$197,400</b>	\$507.70	<b>\$148,990</b>	\$640.66
<b>\$480,000</b>	<b>\$312,000</b>	\$492.96	<b>\$201,600</b>	\$518.52	<b>\$152,160</b>	\$654.30
<b>\$490,000</b>	<b>\$318,500</b>	\$503.22	<b>\$205,800</b>	\$529.32	<b>\$155,330</b>	\$667.92
<b>\$500,000</b>	<b>\$325,000</b>	\$513.50	<b>\$210,000</b>	\$540.12	<b>\$158,500</b>	\$681.56

## Dependent Life/Child

## Monthly Premium

The monthly premium for Dependent Life/Child coverage is \$1.24 regardless of the number of children covered.